### Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Pete First name J. Middle name Kinney Last name Suffix (Sr., Jr., II, III)	First name  Middle name  Last name  Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and doing business as names.  Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - 1 3 3 9 OR 9 xx - xx	xxx - xx	

Pete J. Kinney	
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Debtor 1

Case number (if known)\_ Middle Name First Name Last Name

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Your Employer Identification Number (EIN), if any.	EIN	EIN
	EIN	EIN
	EIN	EIN
5. Where you live	4005.0	If Debtor 2 lives at a different address:
	1625 Cornell Dr.  Number Street	Number Street
	Dayton OH 45406 City State ZIP Code Montgomery County	City State ZIP Code
	County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street P.O. Box	Number Street P.O. Box
	City State ZIP Code	City State ZIP Code
6. Why you are choosing this district to file for bankruptcy	Check one:  ✓ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain.  (See 28 U.S.C. § 1408.)	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)

Oobtor	1	Pete	•

Case number	(if known	1

Debtor 1	Pete J. Kinney		Case number (if known)	
	First Name	Middle Name	Last Name	

Pa	rt 2: Tell the Court A	bout Your Bank	ruptcy Case				
7.	The chapter of the Bankruptcy Code you are choosing to file under		cy (Form 2010)). Also, go 7 11 12			S.C. § 342(b) for Individuals Filing appropriate box.	
8.	How you will pay the fe	local couyourself, submittir with a pr  I need to Applicate  I reques By law, a less than pay the fi	art for more details about you may pay with casing your payment on your payment on your pay the fee in installation for Individuals to Pay that my fee be waived judge may, but is not in 150% of the official points.	ut how you may pa h, cashier's check, ur behalf, your atto  Iments. If you choo ay The Filing Fee ir  ed (You may reque required to, waive overty line that app you choose this opti	y. Typically, or money or mey may pay ose this option installments st this option your fee, and lies to your faon, you mus	n, sign and attach the (Official Form 103A).  only if you are filing for Chapter I may do so only if your income is amily size and you are unable to the till out the Application to Have the	3
	Have you filed for [bankruptcy within the last 8 years?	District			When	Case number Case number Case number	
10.	affiliate?	is Yes.  1  Debtor  District  Debtor		When _	Rela	lationship to you Case number, if known tionship to you Case number, if known	
11.	Do you rent your residence?	Yes. Has	to line 12. s your landlord obtained a  No. Go to line 12. Yes. Fill out <i>Initial Staten</i> this bankruptcy petition.	, 0		gainst You (Form 101A) and file it with	1

Dak	tor	1

Pete J. Kinney			Case number (if known)	
First Name	Middle Name	Last Name		

2.	Are you a sole proprietor of any full- or part-time business?	No. Go to Part 4.  Yes. Name and location of business
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or	Name of business, if any
	LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.	Number Street  City State ZIP Code
		Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))  Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  Stockbroker (as defined in 11 U.S.C. § 101(53A))  Commodity Broker (as defined in 11 U.S.C. § 101(6))  None of the above
	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business debtor</i> or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D).	If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  No. I am not filing under Chapter 11.  No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.
•	Tt 4: Report if You Own or Do you own or have any property that poses or is alleged to pose a threat of imminent and	Have Any Hazardous Property or Any Property That Needs Immediate Attention  No  Yes. What is the hazard?
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building	If immediate attention is needed, why is it needed?
	that needs urgent repairs?	Where is the property?

First Name Middle Name Last Name

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

		9 9		
	About Debtor 1:			About Debtor 2 (Spouse Only in a Joint Case):
	You must check one	):		You must check one:
	✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.			I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
		the certificate and the payment you developed with the agency.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	counseling age	fing from an approved credit ncy within the 180 days before I uptcy petition, but I do not have a mpletion.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
		fter you file this bankruptcy petition, copy of the certificate and payment		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	services from a unable to obtain days after I mad	sked for credit counseling n approved agency, but was n those services during the 7 de my request, and exigent merit a 30-day temporary waiver ent.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
	requirement, atta what efforts you you were unable	lay temporary waiver of the a separate sheet explaining made to obtain the briefing, why to obtain it before you filed for what exigent circumstances le this case.		To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
	dissatisfied with	e dismissed if the court is your reasons for not receiving a ou filed for bankruptcy.		Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
	If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.			If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
				Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
I am not required to receive a briefing about credit counseling because of:			I am not required to receive a briefing about credit counseling because of:	
	☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
	Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
	Active duty.	I am currently on active military duty in a military combat zone.		Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

ebtor 1	Pete J.	Kinney

First Name

Middle Name

Last Name

Case number (if known)\_\_\_\_\_

Part 6: Answer These Ques	stions for Reporting Purpose	es		
16. What kind of debts do you have?	<ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.</li> <li>16c. State the type of debts you owe that are not consumer debts or business debts.</li> </ul>			
17. Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	administrative expenses	er 7. Do you estimate that after	any exempt property is excluded a ailable to distribute to unsecured cr	
18. How many creditors do you estimate that you owe?	1-49 50-99 100-199 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,0	
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 m	on \$1,000,000,001 lion \$10,000,000,000	-\$10 billion 1-\$50 billion
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 millior \$10,000,001-\$50 millior \$50,000,001-\$100 million \$100,000,001-\$500 m	on \$1,000,000,001 lion \$10,000,000,000	-\$10 billion 1-\$50 billion
Part 7: Sign Below	I have examined this petition, an	nd I declare under penalty of pe	erjury that the information provided	is true and
For you	correct.  If I have chosen to file under Cha	apter 7, I am aware that I may	proceed, if eligible, under Chapter under each chapter, and I choose	7, 11,12, or 13
	If no attorney represents me and this document, I have obtained a		someone who is not an attorney to 11 U.S.C. § 342(b).	help me fill out
	I request relief in accordance wit	th the chapter of title 11, United	d States Code, specified in this peti	tion.
		Ilt in fines up to \$250,000, or im	obtaining money or property by fra nprisonment for up to 20 years, or b	
	/s/ Pete J. Kinney	<b>×</b>		
	Signature of Debtor 1		Signature of Debtor 2	
	Executed on	<del>/////</del>	Executed on	

Pete J. Kinney			Case number (if known)
First Name	Middle Name	Last Name	

For your attorney, if you are represented by one

Debtor 1

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Date	08/18/2023	
	MM / DD /YYYY	
ОН	45402	
State	ZIP Code	
Email address tom@f	cwlegal.com	
ОН		
State	-	
	OH State  Email address tom@f	

Fill in this information to identify your case:				
Debtor 1	Pete J. Kinney			
-	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: Southern District of Ohio				
Case number (If known)				

Check if this is an
amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

### Part 1: **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$66,630.00 1a. Copy line 55, Total real estate, from Schedule A/B...... \$20,419.22 1b. Copy line 62, Total personal property, from Schedule A/B..... 1c. Copy line 63, Total of all property on Schedule A/B..... \$87,049.22 Part 2: Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$82,541.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D...... 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$53,759.00 \$ 136,300.00 Your total liabilities Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$4,287.83 Copy your combined monthly income from line 12 of Schedule I..... 5. Schedule J: Your Expenses (Official Form 106J) \$3,052.83 Copy your monthly expenses from line 22c of Schedule J.....

Name Middle Name Last Name

Case number (if known)\_\_\_\_\_

#### Part 4: Answer These Questions for Administrative and Statistical Records

6.	Are you	filing for	bankruptcy und	er Chapters	7, 11, or 13?
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No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☑ Yes

#### 7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

, 7,720.22

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on <i>Schedule E/F</i> , copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$35,683.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> \$
9g. <b>Total.</b> Add lines 9a through 9f.	\$35,683.00

Fill in this information to identify your ca	se and this filing:	
Debtor 1 Pete J. Kinney		
First Name Middle Name  Debtor 2	Last Name	
Spouse, if filing) First Name Middle Name	Last Name	
United States Bankruptcy Court for the: Sout Ohio	hern District of	
Case number		☐ Check if this is an amended
(if know)		filing
Official Form 106A/D		
Official Form 106A/B	_	
Schedule A/B: Pro	perty	12/15
Part 1: Describe Each Residence,  1. Do you own or have any legal or equit  No. Go to Part 2	ation. If more space is needed, attach a separate sheet town). Answer every question.  Building, Land, or Other Real Estate You Own or able interest in any residence, building, land, or similar	Have an Interest In
Yes. Where is the property?		
1.1 1625 Cornell Dr.	What is the property? Check all that apply  ✓ Single-family home	Do not deduct secured claims or exemptions. Put the
Street address, if available, or other descrip	tion Duplex or multi-unit building	amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:
	Condominium or cooperative	Current value of the Current value of the
Dayton OH 45406	☐ Manufactured or mobile home ☐ Land	entire property? portion you own? \$ 66,630.00 \$ 66,630.00
City State ZIP Code	Investment property	\$ <u>66,630.00</u> \$ <u>66,630.00</u> Describe the nature of your ownership
	☐ Timeshare	interest (such as fee simple, tenancy by the
Montgomery County	Other	entireties, or a life estate), if known. Fee simple
County	Who has an interest in the property? Check one	ree simple
	Debtor 1 only	Check if this is community property
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	
	At least one of the debtors and another	
	Other information you wish to add about this property identification number:	item, such as local
	Parcel ID# R72 11905 0010	
	own for all of your entries from Part 1, including any entri t number here	
		4 20,533
Part 2: Describe Your Vehicles		
	able interest in any vehicles, whether they are registered	
you own that someone else drives. If you	lease a vehicle, also report it on Schedule G: Executory C	contracts and Unexpired Leases.
3. Cars, vans, trucks, tractors, sport ut	ility vehicles, motorcycles	
☐ No ☑ Yes		

Debtor 1	Pete J. Kinney First Name Middle	Name Last Name		Case number(if known)	
	First Name Wildle	ivaine Lastivaine		_	
3.1	Make:Chevy Model:Volt Year:		Who has an interest in the property? Check one  ✓ Debtor 1 only	Do not deduct secured claimount of any secured claim Creditors Who Have Claim	ims on <i>Schedule D:</i>
	Approximate mileage: Other information: Condition:Fair;	<u>190000+</u>	<ul> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> <li>Check if this is community property (see</li> </ul>	Current value of the entire property? \$\frac{7,000.00}{}	Current value of the portion you own? \$ 7,000.00
			instructions)		
3.2	Make:Indian Model:Scout Year:		Who has an interest in the property? Check one  ✓ Debtor 1 only	Do not deduct secured cla amount of any secured cla Creditors Who Have Claim	ims on <i>Schedule D:</i>
	Approximate mileage: Other information:		<ul><li>Debtor 2 only</li><li>Debtor 1 and Debtor 2 only</li><li>At least one of the debtors and another</li></ul>	Current value of the entire property? \$ 6,500.00	Current value of the portion you own? \$ 6,500.00
	Condition:Good;		Check if this is community property (see instructions)	\$ <u>0,300.00</u>	Ψ <u>0,000.00</u>
E:	xamples: Boats, trailers ] No ] Yes Id the dollar value of t	s, motors, persona	s and other recreational vehicles, other vehicles, and al watercraft, fishing vessels, snowmobiles, motorcycle a watercraft was also with the same of	ries for pages	0.40 500.00
5. yo	u have attached for Pa	art 2. Write that nu	umber here		<b>\$13,500.00</b>
Part 3	Describe Your	Personal and H	lousehold Items		
Do you	u own or have any leç	gal or equitable i	nterest in any of the following?		Current value of the
6. <b>H</b>	ousehold goods and	furnishings			portion you own?  Do not deduct secured
[	Examples: Major applia No Yes. Describe	nces, furniture, line	ens, china, kitchenware		claims or exemptions.
<u> </u>	Household Goods an Major appliances, fur Location: Residence		edding, kitchenware		\$ <u>150.00</u>
			video, stereo, and digital equipment; computers, printers, s ncluding cell phones, cameras, media players, games	canners; music	
_	No ✓ Yes. Describe				
9			stereo, and digital equipment; computers, printers, s ng cell phones, camera, media players, games	scanners; music	\$ 300.00
	Examples: Antiques and		gs, prints, or other artwork; books, pictures, or other art objollections; other collections, memorabilia, collectibles	ects;	
	✓ No  Yes. Describe				
9. <b>E</b>	quipment for sports a	and hobbies			
I		ographic, exercise, carpentry tools; mu	and other hobby equipment; bicycles, pool tables, golf clu usical instruments	bs, skis; canoes	
•	✓ No  Yes. Describe				
	Firearms				
	•	s, shotguns, ammu	nition, and related equipment		
	☑ No ☑ Yes. Describe				

	1 Pete J. Kinney First Name Middle Name La	ast Name Case number(if known	n)	
	Filst Name Middle Name Lo	isi vaine		
11.	Clothes			
	•	leather coats, designer wear, shoes, accessories		
	No ✓ Yes. Describe			
	Clothes		1	
	Clothes, shoes, accessories		\$ <u>250.00</u>	
10	Location: Residence			
12.	Jewelry  Examples: Everyday jewelry, costugold, silver	ume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems		
	✓ No  Yes. Describe			
13	Non-farm animals			
10.	Examples: Dogs, cats, birds, horse	es		
	✓ No  Yes. Describe			
14.		nold items you did not already list, including any health aids you did not list		
	✓ No	g,		
	Yes. Give specific information			
		you own for all of your entries from Part 3, including any entries for pages		
3	ou have attached for Part 3. Write	e that number here	>	\$700.00
	_			
Part	4: Describe Your Financia	I Assets		
Do y	ou own or have any legal or equi	itable interest in any of the following?	Current value portion you of Do not deduct claims or exen	own? secured
16.	Cash			
	Examples: Money you have in you	r wallet, in your home, in a safe deposit box, and on hand when you file your petition		
	<b>☑</b> No			
	_	Cash	\$	
17.	Deposits of money			
	and other similar institut	other financial accounts; certificates of deposit; shares in credit unions, brokerage houses tions. If you have multiple accounts with the same institution, list each.		
	and other similar institut	tions. If you have multiple accounts with the same institution, list each.		
	and other similar institut		\$ <u>1.642.47</u>	
	and other similar institut  ☐ No  ☑ Yes  17.1. Checking account:	tions. If you have multiple accounts with the same institution, list each.  Institution name:	\$ <u>1.642.47</u> \$ <u>135.96</u>	
	and other similar institut  No  Yes  17.1. Checking account:  17.2. Checking account:	Institution name:  Chase Checking Account  Postal Credit Union Checking Account	-	
	and other similar institut  No Yes  17.1. Checking account:  17.2. Checking account:  17.3. Checking account:	Institution name: Chase Checking Account  Postal Credit Union Checking Account  Penn Fed Credit Union Checking Account	\$ <u>135.96</u> \$ <u>159.20</u>	
	and other similar institut  No Yes  17.1. Checking account:  17.2. Checking account:  17.3. Checking account:  17.4. Checking account:	Institution name: Chase Checking Account  Postal Credit Union Checking Account  Penn Fed Credit Union Checking Account  US Bank Checking Account	\$ <u>135.96</u> \$ <u>159.20</u> \$ <u>569.59</u>	
	and other similar institut  No Yes  17.1. Checking account:  17.2. Checking account:  17.3. Checking account:  17.4. Checking account:  17.5. Other financial account:	Institution name: Chase Checking Account  Postal Credit Union Checking Account  Penn Fed Credit Union Checking Account  US Bank Checking Account  cas	\$ <u>135.96</u> \$ <u>159.20</u> \$ <u>569.59</u> \$ <u>0.00</u>	
	and other similar institut  No Yes  17.1. Checking account:  17.2. Checking account:  17.3. Checking account:  17.4. Checking account:	Institution name: Chase Checking Account  Postal Credit Union Checking Account  Penn Fed Credit Union Checking Account  US Bank Checking Account	\$ <u>135.96</u> \$ <u>159.20</u> \$ <u>569.59</u>	
18.	and other similar institut  No Yes	Institution name: Chase Checking Account  Postal Credit Union Checking Account  Penn Fed Credit Union Checking Account  US Bank Checking Account  cas  Postal Family Credit Union Savings Account	\$ <u>135.96</u> \$ <u>159.20</u> \$ <u>569.59</u> \$ <u>0.00</u>	
18.	and other similar institut  No Yes	Institution name: Chase Checking Account  Postal Credit Union Checking Account  Penn Fed Credit Union Checking Account  US Bank Checking Account  cas  Postal Family Credit Union Savings Account	\$ <u>135.96</u> \$ <u>159.20</u> \$ <u>569.59</u> \$ <u>0.00</u>	
18.	and other similar institut  No Yes	Institution name: Chase Checking Account  Postal Credit Union Checking Account  Penn Fed Credit Union Checking Account  US Bank Checking Account  cas  Postal Family Credit Union Savings Account	\$ <u>135.96</u> \$ <u>159.20</u> \$ <u>569.59</u> \$ <u>0.00</u>	
	and other similar institut  No Yes	Institution name: Chase Checking Account  Postal Credit Union Checking Account  Penn Fed Credit Union Checking Account  US Bank Checking Account  cas  Postal Family Credit Union Savings Account  sty traded stocks t accounts with brokerage firms, money market accounts  interests in incorporated and unincorporated businesses, including an interest in	\$ <u>135.96</u> \$ <u>159.20</u> \$ <u>569.59</u> \$ <u>0.00</u>	
	and other similar institute  No Yes	Institution name: Chase Checking Account  Postal Credit Union Checking Account  Penn Fed Credit Union Checking Account  US Bank Checking Account  cas  Postal Family Credit Union Savings Account  Ely traded stocks accounts with brokerage firms, money market accounts  interests in incorporated and unincorporated businesses, including an interest in venture	\$ <u>135.96</u> \$ <u>159.20</u> \$ <u>569.59</u> \$ <u>0.00</u>	
	and other similar institute  No Yes	Institution name: Chase Checking Account  Postal Credit Union Checking Account  Penn Fed Credit Union Checking Account  US Bank Checking Account  cas  Postal Family Credit Union Savings Account  Ely traded stocks accounts with brokerage firms, money market accounts  interests in incorporated and unincorporated businesses, including an interest in venture	\$ <u>135.96</u> \$ <u>159.20</u> \$ <u>569.59</u> \$ <u>0.00</u>	
	and other similar institute  No Yes	Institution name: Chase Checking Account  Postal Credit Union Checking Account  Penn Fed Credit Union Checking Account  US Bank Checking Account  cas  Postal Family Credit Union Savings Account  Ely traded stocks accounts with brokerage firms, money market accounts  interests in incorporated and unincorporated businesses, including an interest in venture	\$ <u>135.96</u> \$ <u>159.20</u> \$ <u>569.59</u> \$ <u>0.00</u>	

Debtor 1	Pete J. Ki	inney		Case number(if known)
Deptor 1	First Name	Middle Name	Last Name	

20.	Government and corpo	orate bonds and other negotiable and non-negotiable instruments				
		clude personal checks, cashiers' checks, promissory notes, and money order its are those you cannot transfer to someone by signing or delivering them.	S.			
	✓ No  Yes. Give specific info	rmation about them				
21.	Retirement or pension	accounts				
	Examples: Interests in IR	A, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or	profit-sharing plans			
	□No					
	✓ Yes. List each accoun	t separately				
	Type of account	Institution name				
	401(k) or similar plan:	FERS/TSP		\$ <u>0.00</u>		
22.	2. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others					
	✓ No ☐ Yes					
23.	Annuities (A contract for No	or a periodic payment of money to you, either for life or for a number of yea	ars)			
	Yes					
24.	Interests in an education program. 26 U.S.C. §§ 530(b)(1),	on IRA, in an account in a qualified ABLE program, or under a qualifi 529A(b), and 529(b)(1).	ed state tuition			
	✓ No  Yes					
25.	5. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit					
	✓ No  Yes. Give specific in	nformation about them				
26.	Patents, copyrights, tr	ademarks, trade secrets, and other intellectual property				
	Examples: Internet domain names, websites, proceeds from royalties and licensing agreements					
	✓ No  Yes. Give specific info	rmation about them				
27.		and other general intangibles				
	Examples: Building perm	its, exclusive licenses, cooperative association holdings, liquor licenses, profe	essional licenses			
	✓ No  Yes. Give specific info	rmation about them				
Mon	ey or property owed to y	vou?		Current value of the		
WIOTI.	cy of property office to y	, cu		portion you own?  Do not deduct secured claims or exemptions.		
28.	Tax refunds owed to y	ou				
	□ No					
	Yes. Give specific info	rmation about them, including whether you already filed the returns and the ta	ax years			
	Anticipated tax refund		Federal:	\$ <u>Unknown</u>		
			State: Local:	\$ <u>0.00</u> \$ <u>0.00</u>		
29	Family support					
		mp sum alimony, spousal support, child support, maintenance, divorce settle	ment, property settlement			
	✓ No  Yes. Give specific info					
30	Other amounts someo					
50.	Examples: Unpaid wages	ne owes you s, disability insurance payments, disability benefits, sick pay, vacation pay, wo y benefits; unpaid loans you made to someone else	rkers' compensation,			
	✓ No  Yes. Give specific info					

Debtor	1 Pete J. Kinney First Name Middle Name Last Name	Case number(if known	D)			
	1 134 Name Industrial Edst Name					
31.	Interests in insurance policies					
	□ No					
	Yes. Name the insurance company of each policy and list its value  Company name:	Beneficiary:	Surrender or			
	Company name.	belieficiary.	refund value:			
	Interest in Term Life Insurance		\$ 0.00			
	Interest in Term Life Insurance (through current Foresters)	Child	\$ 0.00			
	Interest in Whole Life Insurance Through American National Life	Child	\$ <u>3,662.00</u>			
32.	Any interest in property that is due you from someone who has died					
	✓ No  Yes. Give specific information					
33.	Claims against third parties, whether or not you have filed a lawsuit or	made a demand for payment				
	✓ No  ☐ Yes. Give specific information					
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set     off claims					
	☑ No					
35	Yes. Give specific information					
33.	Any financial assets you did not already list  No					
	Yes. Give specific information					
	36. Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages					
,	ou have attached for Part 4. Write that number here		>	\$6,219.22		
Part	5: Describe Any Business-Related Property You Own or Have	an Interest In. List any real estate in	Part 1.			
37.	Do you own or have any legal or equitable interest in any business-rela	ited property?				
	✓ No. Go to Part 6.					
	Yes. Go to line 38.					
	Describe Any Form and Commercial Fishing Related Processing	andry Vary Orom on Have an Interest In				
Part	Describe Any Farm- and Commercial Fishing-Related Proposition of the P	perty rou Own or nave an interest in.				
46.	Do you own or have any legal or equitable interest in any farm- or com	mercial fishing-related property?				
10.	No. Go to Part 7.	nerotal northing related property.				
	Yes. Go to line 47.					
	_					
Part	7: Describe All Property You Own or Have an Interest in That	You Did Not List Above				
53.	Do you have other property of any kind you did not already list?					
	Examples: Season tickets, country club membership					
	☑ No					
	Yes. Give specific information					
54.	Add the dollar value of all of your entries from Part 7. Write that number her	e				
		-		\$ <u>0.00</u>		

Debtor 1 Pete J. Kinney
First Name Middle Name Last Nar

Case number(if known)

55. Part 1: Total real estate, line 2		>	\$66.630.0
56. Part 2: Total vehicles, line 5	\$ 13,500.00		Ψ <u>σσ,σσσ.σ</u>
57. Part 3: Total personal and household items, line 15	\$ 700.00		
58. Part 4: Total financial assets, line 36	\$ 6,219.22		
9. Part 5: Total business-related property, line 45	\$ 0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$ 0.00		
61. Part 7: Total other property not listed, line 54	+ \$ 0.00		
62. Total personal property. Add lines 56 through 61	\$ 20,419.22	Copy personal property total➤	+ \$ 20,419.22
63. Total of all property on Schedule A/B. Add line 55 + line 62		<del>_</del>	\$ 87,049.22

Fill in this in	formation to ide	entify your case:		
Debtor 1	Pete J. Kinney			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court fo	or the: Southern District of Ohio		
Case number				
(If known)			<del></del>	

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt				
<ol> <li>Which set of exemptions are you claiming?</li> <li>You are claiming state and federal nonbank</li> <li>You are claiming federal exemptions. 11 U</li> </ol>	cruptcy exemptions. 11 U.S.C.	,		
2. For any property you list on Schedule A/B th	nat you claim as exempt, fill in	n the information below.		
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Check only one box for each exemption		
1625 Cornell Dr. Brief description: Line from Schedule A/B: 1.1	\$ <u>66,630.00</u>		2329.66(A)(1)	
Brief 2015 Chevy Volt description:  Line from Schedule A/B: 3.1	\$ 7,000.00	\$ 4,450.00 100% of fair market value, up to any applicable statutory limit	2329.66(A)(2)	
Brief Household Goods - Household Goods and Furnishings description: Major appliances, furniture, towels, bedding kitchenware Line from Location: Residence Schedule A/B: 6	\$ 150.00	150.00 100% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)	
3. Are you claiming a homestead exemption of (Subject to adjustment on 4/01/25 and every 3  ☑ No ☐ Yes. Did you acquire the property covered line ☐ No ☐ Yes.	years after that for cases filed o	• ,		

Part 2:	_		_	
	D۵		ο.	
		п.	∠.	

## Additional Page

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Line	ription: equipment; computers, printers, scanners; music collections; electronic devices including cell phones, from camera, media players, games	\$ <u>300.00</u>	\$\frac{300.00}{100\% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)
Brief desc	Clothing - Clothes	\$ <u>250.00</u>	\$\frac{250.00}{100\% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)
Brief desc	Cash on hand (Cash on Hand)	\$0.00	\$ 0.00  100% of fair market value, up to any applicable statutory limit	2329.66(A)(3)
Brief desc	Chase Checking Account (Checking Account) pription: from	\$ <u>1,642.47</u>	\$\frac{1,231.85}{100\% of fair market value, up to any applicable statutory limit	2329.66 (A)(13)
Brief desc	edule A/B: 17.1 Chase Checking Account (Checking Account) cription:	\$ <u>1,642.47</u>	\$\frac{410.62}{100\% of fair market value, up to any applicable statutory limit	2329.66(A)(3)
Brief desc	edule A/B: 17.1 Postal Credit Union Checking Account (Checking Account) ription:  from edule A/B: 17.2	\$_135.96	\$\frac{135.96}{100\% of fair market value, up to any applicable statutory limit	2329.66(A)(18)
Brief desc	Penn Fed Credit Union Checking Account (Checking Account) sription:	\$ <u>159.20</u>	\$\frac{159.20}{100\% of fair market value, up to any applicable statutory limit	2329.66(A)(18)
Brief desc	US Bank Checking Account (Checking Account)	\$ <u>569.59</u>	\$ 569.59 100% of fair market value, up to any applicable statutory limit	2329.66(A)(18)
School Brief desco	edule A/B: 17.4 Postal Family Credit Union Savings Account (Savings Account) cription:  from	\$ <u>50.00</u>	\$ 50.00 100% of fair market value, up to any applicable statutory limit	2329.66(A)(3)
Brief desc	ription:	\$_0.00	\$ 0.00 100% of fair market value, up to any applicable statutory limit	2329.66(A)(10)(b)
Brief desc	edule A/B: 21 FERS/TSP cription:	\$ <u>0.00</u>	\$ 1.00  100% of fair market value, up to any applicable statutory limit	145.56, 2329.66 (A)(10)(a)
School Brief desco	edule A/B: 21 Anticipated tax refund (owed to debtor)	<u>\$</u> Unknown	\$\frac{0.00}{100\% of fair market value, up to any applicable statutory limit	2329.66 (A)(9)(f)

_			
Da	rt	ο.	
гα		_	

#### Additional Page

		otion of the property and line e A/B that lists this property	Current value of the portion you own Copy the value from	Amount of the exemption you claim Check only one box	Specific laws that allow exemption
			Schedule A/B	for each exemption	
Brief desc	ription:	ated tax refund (owed to debtor)	<u>\$_Unknown</u>	\$ 0.00	2329.66(A)(3)
	edule A/B:	28		any applicable statutory limit	
Line	ription:	ated tax refund (owed to debtor)	\$Unknown	\$\frac{0.00}{100\% of fair market value, up to any applicable statutory limit	2329.66(A)(18)
Brief	Interes	at in Term Life Insurance	\$0.00	\$ 0.00 100% of fair market value, up to any applicable statutory limit	2329.66(A)(6)(c)
	edule A/B:	31		. , . ,	
	Nation ription:	at in Whole Life Insurance Through American al Life	\$3,662.00	\$ 610.25 100% of fair market value, up to	2329.66(A)(18)
Line Sche	edule A/B:	31		any applicable statutory limit	
Brief	Interes	at in Whole Life Insurance Through American al Life	\$ <u>3,662.00</u>	\$ 3,662.00 \qquad 100% of fair market value, up to	3911.12
Line Sche	from edule A/B:	31		any applicable statutory limit	
Brief			\$	\$ 100% of fair market value, up to	
Line Sche	from edule A/B:			any applicable statutory limit	
Brief desc	ription:		\$	\$\$ 100% of fair market value, up to	
	edule A/B:			any applicable statutory limit	
Brief desc	ription:		\$	\$ 100% of fair market value, up to	
Line Sche	from edule A/B:			any applicable statutory limit	
Brief	ription:		\$	\$ \$ 100% of fair market value, up to	
Line Sche	from edule A/B:			any applicable statutory limit	
Brief desc	ription:		\$	\$\$ 100% of fair market value, up to	
Line Sche	from edule A/B:			any applicable statutory limit	
Brief desc	ription:		\$	\$100% of fair market value, up to any applicable statutory limit	
Line Sche	from edule A/B:			any apprount statutory mint	
Brief desc	ription:		\$	\$100% of fair market value, up to	
Line Sche	from edule A/B:			any applicable statutory limit	

Debtor 1	Pete J. Kinn	ey	
Deptor 1	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if	filing) First Name	Middle Name	Last Name
United Stat	tes Bankruptcy	Court for the: South	hern District of Oh
United Stat		Court for the: Sout	hern District of Oh

Check if this is an amended filing

#### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below.

Part 1:	List A	II Secured	Claims
---------	--------	------------	--------

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of
claim Do not
deduct the value
of collateral.

Column B
Value of
collateral that
supports this
claim

\$ 6,500.00

Column C
Unsecured
portion If any

\$ 1,320.00

Describe the property that secures the claim: \$ 7,820.00

2019 Indian Scout - \$6,500.00

Performance Finance	2019 Indian Scout - \$6,500.00
Creditor's Name	
10509 Professional Cir Ste 202	
Number Street Reno NV 89521	As of the date you file, the claim is: Check a that apply.

City State ZIP Code

Who owes the debt? Check one.

- Debtor 1 only
  Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 05-17-2019

Contingent

☐ Unliquidated ☐ Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
  ☐ Judgment lien from a lawsuit
- Other (including a right to offset)

Last 4 digits of account number 2923

Pete J. Kinney First Name Middle Name Last Name	Ca	se number(if known)	
	Describe the property that secures the claim: \$ 7,075.00	\$ <u>7,000.00</u>	\$ <u>75.00</u>
Dogulfin	2015 Chevy Volt - \$7,000.00		
RegnIfin Creditor's Name	-		
4770 Duke Dr Ste 203			
Number Street	As of the date you file, the claim is: Check all		
Mason OH 45040	_ that apply.		
City State ZIP Code	Contingent		
Who owes the debt? Check one.	Unliquidated		
Debtor 1 only	Disputed		
Debtor 2 only	Nature of lien. Check all that apply.		
✓ Debtor 1 and Debtor 2 only  At least one of the debtors and another	An agreement you made (such as mortgage or secured car loan)		
Check if this claim relates to a	Statutory lien (such as tax lien, mechanic's lien)		
community debt	Judgment lien from a lawsuit		
Date debt was incurred 08-20-2015	Other (including a right to offset)		
<del></del>	Last 4 digits of account number 5470		
	Describe the property that secures the claim: \$ 67,646.00	\$ 66,630.00	\$ <u>1,016.</u>
Specialized Loan Servi	1625 Cornell Dr., Dayton, OH 45406 - \$66,630.00		
Creditor's Name	-		
8742 Lucent Blvd Ste 300	_		
Number Street	As of the date you file, the claim is: Check all		
Highlands Ranch CO 80129	that apply.		
City State ZIP Code	Contingent		
Who owes the debt? Check one.	Unliquidated		
✓ Debtor 1 only  ☐ Debtor 2 only	Disputed		
Debtor 1 and Debtor 2 only	Nature of lien. Check all that apply.		
At least one of the debtors and another	An agreement you made (such as mortgage or		
_	secured car loan)  Statutory lien (such as tax lien, mechanic's lien)		
Check if this claim relates to a community debt	Judgment lien from a lawsuit		
community debt	Other (including a right to offset)		
Date debt was incurred 05-24-2021	Last 4 digits of account number 5454		
dd the dellar value of your entries in Co	Numa A on this page Write that number have		
du tile dollar value of your entiles in Co	olumn A on this page. Write that number here: \$ 82,541.00		
List Others to Be Notified for a Debt	t That You Already Listed		
this page only if you have others to be	notified about your bankruptcy for a debt that you already liste	ed in Part 1. For exam	ple, if a colle
ilarly, if you have more than one credito	bt you owe to someone else, list the creditor in Part 1, and the or for any of the debts that you listed in Part 1, list the additiona bts in Part 1, do not fill out or submit this page.		
Manley Deas Kochalski	On which line in Part 1 did you enter the credito	r? <u>2.3</u>	<u> </u>
Creditor's Name	Last 4 digits of account number		
P.O. Box 165028			
Number Street Columbus OH 43216-0000			
City State ZIP Code			
Regional Acceptance Corp.	On which line in Part 1 did you enter the credito	·	_
	Last 4 digits of account number		
Creditor's Name	Last 4 digits of account number		
P.O. Box 277760 Number	Last 4 digits of account number		

State ZIP Code

City

Fill in this information to identify your case:				
Debtor 1 Pete J. Kinney				
Middle Name	Name			
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name			
	ation of Ohio			
United States Bankruptcy Court for the: Southern Dis	strict of Onio		_	
Case number				Check if this is
(if know)				an amended filing
				J
Official Form 106E/F				
Schedule E/F: Creditors V	<b>Vho Have Unsecured Clai</b>	ms		12/15
Part 1: List All of Your PRIORITY Unsecured Cl. Do any creditors have priority unsecured claims  No. Go to Part 2.				
✓ Yes.				
claim listed, identify what type of claim it is. If a clai amounts. As much as possible, list the claims in al	editor has more than one priority unsecured claim, list m has both priority and nonpriority amounts, list that contabetical order according to the creditor's name. If you ore than one creditor holds a particular claim, list the continuity in the instruction booklet.)	laim here and show ou have more than	w both priority two priority u	y and nonpriority Insecured
		Total claim	Priority amount	Nonpriority amount
2.1	Last 4 digits of account number	\$ 0.00	\$ 0.00	\$ 0.00
Camillia Cantrell Priority Creditor's Name	When was the debt incurred?	Ψ <u>0.00</u>	Ψ 0.00	Ψ <u>0.00</u>
1625 Cornell Dr.	As of the date you file, the claim is: Check all			
Number Street	that apply.			
Dayton OH 45406	_			
City State ZIP Code				

✓ Debtor 1 only

Debtor 2 only

✓ No ☐ Yes

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

 $\hfill \square$  At least one of the debtors and another

Check if this claim relates to a community

Type of PRIORITY unsecured claim:

☐ Taxes and certain other debts you owe the

Claims for death or personal injury while you were

✓ Domestic support obligations

government

intoxicated

Other. Specify

	First Name Middle Name Last Name			-	
	nio Child Support Payment Central	Last 4 digits of account number When was the debt incurred?	\$ 0.00	\$ <u>0.00</u>	\$ <u>0.00</u>
	O. Box 182372	As of the date you file, the claim is: Check all			
_	imber Street	that apply.			
Co	olumbus OH 43218-2372	Contingent			
Cit		Unliquidated			
_	ho owes the debt? Check one.	Disputed			
=	Debtor 1 only   Debtor 2 only	Type of PRIORITY unsecured claim:			
$\equiv$	Debtor 1 and Debtor 2 only	Domestic support obligations			
$\bar{\Box}$	At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Check if this claim relates to a community	Claims for death or personal injury while you were			
ls	debt the claim subject to offset?	intoxicated Other. Specify			
	) No				
	] Yes				
2:	List All of Your NONPRIORITY Unsecured	d Claims			
	v anaditana hava nanguisuitu unaasunad alain	ma amaimat wawa			
	y creditors have nonpriority unsecured clair	ns against you? t. Submit to the court with your other schedules.			
		t. Submit to the court with your other schedules.			
10	s. Fill in all of the information below.				
np	riority unsecured claim, list the creditor separate ded in Part 1. If more than one creditor holds a p	he alphabetical order of the creditor who holds each ely for each claim. For each claim listed, identify what to particular claim, list the other creditors in Part 3.If you h	ype of claim it	is. Do not list o	laims already
aim	s fill out the Continuation Page of Part 2.				Total cla
		Last 4 digits of account number 0139			
	ffinancial Services L	Last 4 digits of account number 0139			
		When was the debt incurred? 07-20-2018			\$ 35,683
No	onpriority Creditor's Name	When was the debt incurred? 07-20-2018			\$ <u>35,683</u>
No 12	onpriority Creditor's Name 20 N Seven Oaks Dr	As of the date you file, the claim is: Check all that	apply.		\$ <u>35,683</u>
12 Nu	onpriority Creditor's Name	As of the date you file, the claim is: Check all that  Contingent	apply.		\$ <u>35,683</u>
12 Nu	onpriority Creditor's Name 20 N Seven Oaks Dr Imber Street noxville TN 37922	As of the date you file, the claim is: Check all that Contingent Unliquidated	apply.		\$ <u>35,683</u>
No 12 Nu Kr	onpriority Creditor's Name 20 N Seven Oaks Dr Imber Street noxville TN 37922	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed	apply.		\$ <u>35,683</u>
No 12 Nu Kr Cit W	npriority Creditor's Name  O N Seven Oaks Dr  Imber Street noxville TN 37922  y State ZIP Code ho owes the debt? Check one.  Debtor 1 only	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:	apply.		\$ <u>35,683</u>
No 12 Nu Kr Cit W	Inpriority Creditor's Name  20 N Seven Oaks Dr  Imber Street noxville TN 37922  By State ZIP Code  The Nowes the debt? Check one.  Debtor 1 only  Debtor 2 only	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans			\$ <u>35,683</u>
No 12 Nu Kr Citt	Inpriority Creditor's Name  20 N Seven Oaks Dr  Imber Street noxville TN 37922  By State ZIP Code  The Nowes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims	or divorce		\$ <u>35,683</u>
No 12 Nu Kr Citt W	Inpriority Creditor's Name  20 N Seven Oaks Dr  Imber Street noxville TN 37922  By State ZIP Code  The Nowes the debt? Check one.  Debtor 1 only  Debtor 2 only	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of	or divorce		\$ <u>35,683</u>
No 12 Nu Kr Cit W	Inpriority Creditor's Name  20 N Seven Oaks Dr  Imber Street Proxville TN 37922  By State ZIP Code  The Nowes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other	or divorce		\$ <u>35,683</u>
No 12 Nu Kr Citt W S Is	Inpriority Creditor's Name  20 N Seven Oaks Dr  Imber Street noxville TN 37922  by State ZIP Code  tho owes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  the claim subject to offset?	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other adebts	or divorce		\$ <u>35,683</u>
No 12 Nu Kr Cittle W V Is	Inpriority Creditor's Name  20 N Seven Oaks Dr  Imber Street noxville TN 37922  by State ZIP Code ho owes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  the claim subject to offset?	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other adebts	or divorce		\$ <u>35,683</u>
No 12 Nu Kr Cit W Is	Inpriority Creditor's Name  20 N Seven Oaks Dr  Imber Street noxville TN 37922  by State ZIP Code  tho owes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  the claim subject to offset?	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify	or divorce		
No 12 Nu Kr Cit W S S S S S S S S S S S S S S S S S S	Imperiority Creditor's Name  20 N Seven Oaks Dr  Imper Street Proxville TN 37922  By State ZIP Code  The Nowes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  The Claim subject to offset?  No  Yes  MAC	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other adebts	or divorce		
No 12 Nu Kr Cit W S Is S S No	Impriority Creditor's Name  20 N Seven Oaks Dr  Imber Street noxville TN 37922  by State ZIP Code  tho owes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  the claim subject to offset?  No  Yes  MAC  Impriority Creditor's Name	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number When was the debt incurred?	or divorce similar		
No 12 Nu Kr Citt W S Is S No Ba	Impriority Creditor's Name  20 N Seven Oaks Dr  Imber Street Proxville TN 37922  Ty State ZIP Code Tho owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  The claim subject to offset?  No Tyes  MAC Impriority Creditor's Name Enkruptcy Center	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that	or divorce similar		
No 12 Nu Kr Citt W S S Nu Ba Nu	Impriority Creditor's Name  20 N Seven Oaks Dr  Imber Street Hoxville TN 37922  By State ZIP Code Hoo owes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  The claim subject to offset?  No  Yes  MAC  Impriority Creditor's Name  Control of the debtor's Name  Control of the	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number When was the debt incurred?	or divorce similar		
No 12 Nu Kr Citt Kr Ci	Impriority Creditor's Name  20 N Seven Oaks Dr  Imber Street Inoxville TN 37922  By State ZIP Code Indoor Nowes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Indoor Nowes the debtor offset?  No Yes  MAC Impriority Creditor's Name Indoor Name Indo	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that	or divorce similar		
No 12 No Kr Citt W S S No P. S S	Impriority Creditor's Name  20 N Seven Oaks Dr  Imber Street Proxville TN 37922  State ZIP Code  The owes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  The claim subject to offset?  No  Yes  MAC  Impriority Creditor's Name  Ankruptcy Center  Imber Street  O. Box 130424  April 2006  Armonic Street  O. Box 130424	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed	or divorce similar		
No 12 Nu Kr Citt W S S Nu P. S Citt	Impriority Creditor's Name  20 N Seven Oaks Dr  Imber Street noxville TN 37922  Py State ZIP Code  The owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  The claim subject to offset?  No Yes  MAC Impriority Creditor's Name Indicate Street O. Box 130424  April 2000  State ZIP Code	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other adebts Other. Specify  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that Contingent Unliquidated	or divorce similar		
No 12 No Kr Citt V S Cit V S C	Impriority Creditor's Name  20 N Seven Oaks Dr  Imber Street Proxville TN 37922  State ZIP Code  The owes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  The claim subject to offset?  No  Yes  MAC  Impriority Creditor's Name  Ankruptcy Center  Imber Street  O. Box 130424  April 2006  Armonic Street  O. Box 130424	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other students Other. Specify  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of	or divorce similar		
	Imperiority Creditor's Name  20 N Seven Oaks Dr  Imber Street Proxville TN 37922  State ZIP Code  No owes the debt? Check one.  Debtor 1 only Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  the claim subject to offset?  No Yes  MAC  Impriority Creditor's Name  Ankruptcy Center  Imber Street  O. Box 130424  Aint Paul MN 55113-0000  y State ZIP Code  No owes the debt? Check one.	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims	or divorce similar apply.		
	Impriority Creditor's Name  20 N Seven Oaks Dr  Imber Street Proxville TN 37922  State ZIP Code  No owes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  the claim subject to offset?  No  Yes  MAC  Impriority Creditor's Name  Ankruptcy Center  Imber Street  O. Box 130424  Apint Paul MN 55113-0000  State ZIP Code  No owes the debt? Check one.  Debtor 1 only	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other students Other. Specify  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of	or divorce similar apply.		
	Impriority Creditor's Name  20 N Seven Oaks Dr  Imber Street Proxville TN 37922  By State ZIP Code  The Nowes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  The claim subject to offset?  No  Yes  MAC  Impriority Creditor's Name  Ankruptcy Center  Imber Street  O. Box 130424  Anint Paul MN 55113-0000  By State ZIP Code  The No Check one.  Debtor 1 only  Debtor 2 only	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other students Other. Specify  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other in the claim is: Check all that the claim is: Check all that in the claim i	or divorce similar apply.		
Is Since P.	Impriority Creditor's Name  20 N Seven Oaks Dr  Imber Street Proxville TN 37922  Sy State ZIP Code  The Nowes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  The claim subject to offset?  No  Yes  MAC  Impriority Creditor's Name  Ankruptcy Center  Imber Street  O. Box 130424  Anith Paul MN 55113-0000  Sy State ZIP Code  The No Hoode Hoode Hoode Hoode Hoode Hoode  The No Hoode Hoode Hoode Hoode Hoode Hoode  The No Hoode	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other studebts Other. Specify  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other studebts	or divorce similar apply.		
Is So City P. So City P.	Impriority Creditor's Name  20 N Seven Oaks Dr  Imber Street Proxville TN 37922  Sy State ZIP Code  The Nowes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  The Claim subject to offset?  No  Yes  MAC  Impriority Creditor's Name  Ankruptcy Center  Imber Street  O. Box 130424  Anint Paul MN 55113-0000  Sy State ZIP Code  The Nowes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community  Debtor 1 only  Check if this claim relates to a community  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community  Debtor 1 Check if this claim relates to a community  Debtor 1 Check if this claim relates to a community  Debtor 1 Check if this claim relates to a community  Debtor 1 Check if this claim relates to a community  Debtor 1 Check if this claim relates to a community  Debtor 2 Check if this claim relates to a community  Debtor 2 Check if this claim relates to a community  Debtor 2 Check if this claim relates to a community  Debtor 2 Check if this claim relates to a community  Debtor 2 Check if this claim relates to a community	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other studebts Other. Specify  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other studebts	or divorce similar apply.		
	Impriority Creditor's Name  20 N Seven Oaks Dr  Imber Street Proxville TN 37922  Sy State ZIP Code  The Nowes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  The claim subject to offset?  No  Yes  MAC  Impriority Creditor's Name  Ankruptcy Center  Imber Street  O. Box 130424  Anith Paul MN 55113-0000  Sy State ZIP Code  The No Hoode Hoode Hoode Hoode Hoode Hoode  The No Hoode Hoode Hoode Hoode Hoode Hoode  The No Hoode	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other studebts Other. Specify  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other studebts	or divorce similar apply.		\$ <u>Unkno</u>

Pete J. Kinney

Debtoi	Pete J. Kinney	Case number(if known)	
	First Name Middle Name Last Name	· · · · · · · · · · · · · · · · · · ·	
4.3	Goodleap	Last 4 digits of account number 3427	\$ 6,596.00
	Nonpriority Creditor's Name	- When was the debt incurred? 11-07-2019	
	1410 Sw Morrison St	As of the date you file, the claim is: Check all that apply.	
	Number	Contingent	
	Portland OR 97205	Unliquidated	
	City State ZIP Code	Disputed	
	Who owes the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims	
	Check if this claim relates to a community	Debts to pension or profit-sharing plans, and other similar debts	
	debt	Other. Specify Credit Card Debt	
	Is the claim subject to offset?	Surior Speedily Great State Debt	
	<b>✓</b> No		
	Yes		
4.4		Last 4 digits of account number 6225	
4.4	Syncb/Lowe	- When was the debt incurred? 01-27-2019	\$ 472.00
	Nonpriority Creditor's Name	Then was all dest mountain of the total	
	Po Box 981400	As of the date you file, the claim is: Check all that apply.	
	Number Street	☐ Contingent	
	El Paso TX 79998	_ Unliquidated	
	City State ZIP Code	Disputed	
	Who owes the debt? Check one.		
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community	debts	
	debt	Other. Specify Credit Card Debt	
	Is the claim subject to offset?		
	✓ No		
	Yes		
4.5	The Bureaus Inc	Last 4 digits of account number 9678	\$ 3,950.00
	Nonpriority Creditor's Name	- When was the debt incurred? 05-15-2023	
	1717 Central St	As of the date you file, the claim is: Check all that apply.	
	Number	Contingent	
	Evanston IL 60201	Unliquidated	
	City State ZIP Code	Disputed	
	Who owes the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims	
	Check if this claim relates to a community	Debts to pension or profit-sharing plans, and other similar debts	
	debt	Other. Specify Collection Agency	
	Is the claim subject to offset?	3,	
	✓ No		
	Yes		

Debto	r Pet	e J. Kinney ame Middle Name Last Name			Case number(if known)	
	FIISUN	anie wilddie Name Last Ivame				
4.6	U S Ban		Last 4 digits of account r When was the debt incur		\$ 7,05	58.00
		r Creditor's Name nesota Dr				
	Number	Street	As of the date you file, the Contingent	e ciaim	<b>тіз:</b> Спеск ан тпат арріу.	
	Saint Pa		Unliquidated			
	City	State ZIP Code	☐ Disputed			
	wno ow ✓ Debto	es the debt? Check one. or 1 only	Type of NONPRIORITY u	nsecure	ed claim:	
	Debto	•	Student loans			
	=	or 1 and Debtor 2 only	Obligations arising out of that you did not report as		aration agreement or divorce v claims	
	=	st one of the debtors and another	Debts to pension or prof		g plans, and other similar	
	debt	k if this claim relates to a community	debts  Other. Specify Credit Ca	ard Debt	t	
		aim subject to offset?	_ , ,			
	✓ No Yes					
Part	3: Lis	t Others to Be Notified About a Debt T	hat You Already Listed			
agyo yo Part	ency here u do not l  4: Ade tal the an	e. Similarly, if you have more than one have additional persons to be notified dithe Amounts for Each Type of Unsequents of certain types of unsecured of	creditor for any of the deb for any debts in Parts 1 or cured Claim	ts that y	list the original creditor in Parts 1 or 2, then list the colleyou listed in Parts 1 or 2, list the additional creditors he ot fill out or submit this page.  istical reporting purposes only. 28 U.S.C. § 159.	
Ad	id the am	ounts for each type of unsecured clair	n.			
					Total claim	
	l claims Part 1	6a. Domestic support obligations		6a.	\$ 0.00	
		6b. Taxes and certain other debts yo government	ou owe the	6b.	\$ 0.00	
		6c. Claims for death or personal injuintoxicated	ıry while you were	6c.	\$ 0.00	
		6d. Other. Add all other priority unsec amount here.	ured claims. Write that	6d.	\$ 0.00	
		6e. <b>Total.</b> Add lines 6a through 6d.		6e.	\$ 0.00	
					Total claim	
Tota	l claims	6f. Student loans		6f.	\$ 35,683.00	
from	Part 2	6g. Obligations arising out of a sepa divorce that you did not report a	_	6g.	\$ 0.00	
		6h. Debts to pension or profit-sharir similar debts		6h.	\$ 0.00	
		Other. Add all other nonpriority unsamount here.	secured claims. Write that	6i.	\$ <u>18,076.00</u>	
		6j. <b>Total.</b> Add lines 6f through 6i.		6j.	\$ 53,759.00	

	•
Fill in this information to identify your case:	
Debtor 1 Pete J. Kinney	
First Name Middle Name Last Name	
Debtor 2	
(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: Southern District of Ohio	
Case number	☐ Check if this is
(if know)	an amended
	filing
Official Form 106G	
Schedule G: Executory Contract	ts and Unexpired Leases 12/15
	•
Be as complete and accurate as possible. If two married people a correct information. If more space is needed, copy the additional	
On the top of any additional pages, write your name and case nu	
Do you have any executory contracts or unexpired leases?	
No. Check this box and file this form with the court with your oth	ner schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

Person or company with whom you have the contract or lease State what the contract or lease is for

Fill in this	inform	ation to ic	lentify your case	:	
Debtor 1		J. Kinney		Lankhama	
Debtor 2	First N	vame	Middle Name	Last Name	
(Spouse, if	filing)	First Name	Middle Name	Last N	lame
United Stat	es Bar	nkruptcy Co	ourt for the: South	nern District (	of Ohio
Case numb (if know)	oer				_

Check if this is an amended filing

## Official Form 106H

# **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

	<b>Do you have any codebtors?</b> (If you are filing a jo ] No ] Yes	oint case	, do not list either sp	oouse as a codebtor.)
2. <b>V</b>	_	Puerto F	Rico, Texas, Washin	,
3. I I	n Column 1, list all of your codebtors. Do not in the 2 again as a codebtor only if that person is	Iclude y a guarai	our spouse as a co ntor or cosigner. M	debtor if your spouse is filing with you. List the person shown in ake sure you have listed the creditor on Schedule D (Official orm 106G). Use Schedule D, Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Omar F. Kinney Name 3934 Roslyn Ave.			✓ Schedule D, line 2.2  ☐ Schedule E/F, line  ☐ Schedule G, line
	Street Dayton	ОН	45429	
	City	State	ZIP Code	

Fill in this information to identify	your case:				
Pete J. Kinney					
Debtor 1 First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	Southern District of Ohio				
Case number		,		Check if	this is:
(If known)				An an	nended filing
					plement showing postpetition chapter 13
Official Form 106I					e as of the following date:
Schedule I: You	ır İncomo			MM / I	DD / YYYY
					or 2), both are equally responsible for
	se is not filing with you, top of any additional pa	do not include in	formation al	out your spo	you, include information about your spouse. buse. If more space is needed, attach a known). Answer every question.
Fill in your employment		<b>-</b>			
information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed  Not employ	yed		Employed Not employed
Include part-time, seasonal, or self-employed work.					
Occupation may include student or homemaker, if it applies.	Occupation	Social Sec	urity Admii	nistration	
	Employer's name		<del> </del>		<del></del>
	Employer's address				
		Number Street			Number Street
		-			
		Springfield		P Code	City State ZIP Code
	How long employed the	•	Oldic Zii	Code	only only 211 code
	0				
Part 2: Give Details About	Monthly Income				
		m. If you have noth	ning to report	for any line, w	rite \$0 in the space. Include your non-filing
spouse unless you are separated If you or your non-filing spouse habelow. If you need more space, a	ave more than one employe		ormation for	all employers	for that person on the lines
,,.			Fo	or Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sale deductions). If not paid monthly,			2. <sub>¢</sub>	7,518.33	•
3. Estimate and list monthly over		. <del>-</del>	\$ 3. <b>+</b> \$	0.00	Ф + \$
Calculate gross income. Add li			4. \$	7,518.33	·
					·

Case number (if known)\_

First Name Middle Name Last Name

			Fo	or Debtor 1		For Debtor 2 or non-filing spouse				
C	opy line 4 here	<b>→</b> 4.	\$	7,518.33		\$				
	st all payroll deductions:	<b>/</b> 4.	Ψ_	····		Ψ				
ı	5a. Tax, Medicare, and Social Security deductions	5a.	¢	1,796.17		\$				
	5b. Mandatory contributions for retirement plans	5b.	Ψ_ \$	0.00		\$	_			
	5c. Voluntary contributions for retirement plans	5c.	\$_ \$	296.83		\$	_			
	5d. Required repayments of retirement fund loans	5d.	Ψ_ \$	130.00		\$	-			
	5e. Insurance	5e.	\$_ \$	515.67		φ \$	_			
	5f. Domestic support obligations	5f.	Ψ_ \$	457.17		\$	-			
			Ψ_ \$	34.67		\$	_			
	5g. Union dues	5g.		0.00		Ψ	_			
:	5h. Other deductions. Specify:	5h.	+ \$_	0.00		+ \$ \$	-			
-	· · · · · · · · · · · · · · · · · · ·		\$_ \$			\$				
-			Ψ_ \$			\$				
_	Add the constitute develope Add lines for a file of the first file of the file	•	·-	3,230.50		•				
	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.		\$_	4,287.83		\$ \$				
7. (	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	4,207.00		Φ				
8. <b>L</b>	ist all other income regularly received:									
8	Ba. Net income from rental property and from operating a business, profession, or farm									
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_	0.00		\$	_			
	8b. Interest and dividends	8b.	\$	0.00		\$				
8	8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent	-				-			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00		\$	_			
8	Bd. Unemployment compensation	8d.	\$_	0.00		\$	_			
	8e. Social Security	8e.	\$_	0.00		\$	_			
;	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	nce 8f.	\$_	0.00		\$	_			
	8g. Pension or retirement income	8g.	\$	0.00		\$	_			
	8h. Other monthly income. Specify:	8h.	+ s	0.00		+\$				
	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	0.00		\$				
	alculate monthly income. Add line 7 + line 9.  dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	\$_	4,287.83	+	\$	_	<b>=</b> \$.	4,287.	83
Ir	state all other regular contributions to the expenses that you list in <i>Sche</i> include contributions from an unmarried partner, members of your household, riends or relatives.			dents, your roc	mm	nates, and other				
_	o not include any amounts already included in lines 2-10 or amounts that are specify:				nses		J.  1. <b>+</b>	- \$		
12. <b>A</b>	Add the amount in the last column of line 10 to the amount in line 11. The	e resu	It is th	e combined m	onth	nly income.		Γ	4.007	00
	Vrite that amount on the Summary of Your Assets and Liabilities and Certain					•	12.	\$	4,287.	<u> </u>
	No. NONE	form'	?						ombined ionthly inc	ome
	Yes. Explain:									

Fill in this in	formation to identify	your case:					
	Pete J. Kinney						
Debtor 1	First Name	Middle Name	Last Name		Check if this is:		
Debtor 2	First News	Middle Name	Last Name		An amended t	filing	
(Spouse, if filing)		Southern District of Ohio	Last Name			-	etition chapter 13
United States I	Bankruptcy Court for the:	Southern district of Offic	(S	tate)	expenses as o	of the following	date:
Case number (If known)					MM / DD / YYYY	Y	
-	orm 106J	_					
Sched	lule J: You	ur Expense	S				12/15
information. I		ssible. If two married pe ed, attach another sheet	-				-
Part 1:	Describe Your Hou	sehold					
1. Is this a join	nt case?						
✓ <sub>No Go</sub>	to line 2.						
_	es Debtor 2 live in a s	eparate household?					
	$]_{No}$						
	Yes. Debtor 2 must file	e Official Form 106J-2, <i>Ex</i>	penses for S	eparate Househo	old of Debtor 2.		
2. Do you hav	e dependents?	☐ No					
Do not list D	-	Yes. Fill out this info	rmation for	Dependent's rel Debtor 1 or Deb		Dependent's age	Does dependent live with you?
Debtor 2.		each dependent		Son		12	□ No
Do not state names.	the dependents'						Yes
							$\square_{No}$
							Yes
							No
							Yes
							No
					<del></del>		Yes
							<b>∟</b> No
							Yes
expenses of	penses include of people other than	✓ <sub>No</sub>					
yourself an	d your dependents?	☐ Yes					
Part 2: Es	timate Your Ongoi	ng Monthly Expenses	<b>;</b>				
	expenses as of your	bankruptcy filing date u	nless vou a	re using this fo	rm as a supplement in	a Chapter 13 c	ase to report
-		kruptcy is filed. If this is	-	_	• •	•	•
applicable da	te.						
Include exper	ses paid for with non	-cash government assis	tance if you	know the value	e of		
such assistar	ice and have included	I it on Schedule I: Your I	ncome (Offic	cial Form 106l.)		Your expen	nses
	or home ownership e r the ground or lot.	expenses for your reside	nce. Include	first mortgage pa	ayments and 4.	\$	0.00
If not inclu	uded in line 4:						0.00
4a. Real	estate taxes				<b>4</b> a.	\$	0.00
4b. Prope	erty, homeowner's, or re	enter's insurance			4b.	\$	0.00
4c. Home	e maintenance, repair, a	and upkeep expenses			4c.	\$	150.00
	eowner's association or				4d.	\$	0.00

Debtor 1 Pete J. Kinney

First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_

		Your ex	rpenses
5. Additional mortgage payments for your residence, such as home equity loans	<b>-</b> 5.	\$	0.00
6. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	275.00
6b. Water, sewer, garbage collection	6b.	\$	88.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	480.00
6d. Other. Specify:	6d.	\$	0.00
7. Food and housekeeping supplies	7.	\$	695.00
8. Childcare and children's education costs	8.	\$	50.00
9. Clothing, laundry, and dry cleaning	9.	\$	150.00
10. Personal care products and services	10.	\$	200.00
11. Medical and dental expenses	11.	\$	200.00
<ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> </ol>	12.	\$	400.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	104.83
14. Charitable contributions and religious donations	14.	\$	0.00
<ul><li>15. Insurance.</li><li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li></ul>			
15a. Life insurance	15a.	\$	60.00
15b. Health insurance	15b.	\$	0.00
15c. Vehicle insurance	15c.	\$	150.00
15d. Other insurance. Specify:	15d.	\$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17. Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
<ol> <li>Your payments of alimony, maintenance, and support that you did not report as deducted your pay on line 5, Schedule I, Your Income (Official Form 106I).</li> </ol>	ed from 18.	\$	0.00
19. Other payments you make to support others who do not live with you.			
Specify:	19.	\$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Y	Your Income.		
20a. Mortgages on other property	20a.	\$	0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00

Debtor 1	Pete J. Kinne	ey		Case number (if known)
	First Name	Middle Name	Last Name	Case Harriser (I KINOWI)

21. Other. Specify:	Pet Expenses/Vet/Supplies	21.	+\$	50.00
			+\$	
			+\$	
2. Calculate your	r monthly expenses.			
22a. Add lines 4	through 21.	22a.	\$	3,052.83
22b. Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a	22b.	\$	
and 22b. The re	sult is your monthly expenses.	22c.	\$	3,052.83
•	monthly net income.  12 (your combined monthly income) from Schedule I.	23a.	\$	4,287.83
	monthly expenses from line 22c above.	23b.	<b>-</b> \$	3,052.83
23c. Subtract yo	our monthly expenses from your monthly income.		,	1 005 00
-	is your monthly net income.	23c.	\$	1,235.00
	an increase or decrease in your expenses within the year after you file this form?			
	you expect to finish paying for your car loan within the year or do you expect your ent to increase or decrease because of a modification to the terms of your mortgage?			
No.	in to more about a decrease because of a mounication to the terms of your more age.			

Fill in this information to identify your case:						
Debtor 1	Pete J. Kinney	/ Middle Name	Last Name			
	FIRST Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States I Case number (If known)	Bankruptcy Court for	the Southern District of Ohio				

☐ Check if this is an amended filing

## Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who	is NOT an attorney to help you fill out bankruptcy forms?
✓ No ☐ Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have that they are true and correct.	ve read the summary and schedules filed with this declaration and
✗ /s/ Pete J. Kinney	*
Signature of Debtor 1	Signature of Debtor 2
Date 08/18/2023 MM / DD / YYYY	Date

Fill in this information to identify your case:					
Debtor 1	Pete J. Kinney				
Debtor 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing	First Name	Middle Name	Last Name		
United States B	ankruptcy Court	for the: Southern Distr	ict of Ohio		
Case number					
(if know)					

Check if this is an amended filing

## Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Give Details About Your Marital Status and	d Where You Lived Befo	re		
1. What	is your current marital status?				
□м	arried				
✓ N	ot married				
	ng the last 3 years, have you lived anywhere o	ther than where you live	now?		
☑ N		un. De west in allude vulceure	E		
_	es. List all of the places you lived in the last 3 years did you over live with a great	·		, atata ay tayyitayy 2 (Can	a maximita e
prope	n the last 8 years, did you ever live with a spo erty states and territories include Arizona, Californ onsin.)				
✓ No	0				
☐ Ye	es. Make sure you fill out Schedule H: Your Code	btors (Official Form 106H)	)		
Part 2:	Explain the Sources of Your Income				
Fill in	ou have any income from employment or from the total amount of income you received from all are filing a joint case and you have income that	jobs and all businesses, i	ncluding part-time activitie	es.	ars?
□ N	0				
✓ Ye	es. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply	Gross income (before deductions and exclusions)	Sources of income Check all that apply	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	✓ Wages, commissions bonuses, tips	s, \$ <u>56,406.14</u>	Wages, commissions bonuses, tips	s, \$
		Operating a business	5	Operating a business	3
	For last calendar year:	✓ Wages, commissions bonuses, tips	s, \$ <u>80,038.00</u>	Wages, commissions bonuses, tips	\$, \$
(	January 1 to December 31, 2022	Operating a business	5	Operating a business	S
ı	For the calendar year before that:	✓ Wages, commissions bonuses, tips	s, \$ 77,940.00	Wages, commissions bonuses, tips	s, \$
(	January 1 to December 31, 2021	Operating a business	<del></del>	Operating a business	5
Inclu	ou receive any other income during this year de income regardless of whether that income is ta ployment, and other public benefit payments; per	xable. Examples of <i>other</i>	income are alimony; child		

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

ebtor	Pete J. Kinney First Name Middle Name Last Name	<u></u>	Case number(if known)	)
	riist Name Middle Name Last Name			
List ead	ch source and the gross income from each	ch source separately. Do not includ	e income that you listed in line 4.	
_	. Fill in the details.			
Part 3:	List Certain Payments You Made Be	efore You Filed for Bankruptcy		
6. Are eit	her Debtor 1's or Debtor 2's debts pri	marily consumer debts?		
☐ No.	Neither Debtor 1 nor Debtor 2 has pr "incurred by an individual primarily for a		er debts are defined in 11 U.S.C. § 101(8) as pose."	
	During the 90 days before you filed for	bankruptcy, did you pay any credito	or a total of \$7,575* or more?	
	☐ No. Go to line 7.			
	Yes. List below each creditor to who the total amount you paid that credit as child support and alimony. Also,	tor. Do not include payments for do	mestic support obligations, such	
	* Subject to adjustment on 4/01/25 and	every 3 years after that for cases fi	led on or after the date of adjustment.	
✓ Yes	. <b>Debtor 1 or Debtor 2 or both have p</b> During the 90 days before you filed for	rimarily consumer debts. r bankruptcy, did you pay any credit	or a total of \$600 or more?	
	No. Go to line 7.			
		nom you paid a total of \$600 or morents for domestic support obligation payments to an attorney for this bar	ns, such as child support and	
corpora agent, such as	ations of which you are an officer, directo	r, person in control, or owner of 209	nerships of which you are a general partner; % or more of their voting securities; and any ma D1. Include payments for domestic support obli	
insider			transfer any property on account of a debt	that benefited an
_	. List all payments that benefited an insid	der.		
Part 4:	Identify Legal Actions, Repossession	one and Foreclosures		
9. Within List all and co	1 year before you filed for bankruptcy	/, were you a party in any lawsuit	, court action, or administrative proceeding s, collection suits, paternity actions, support or o	
☐ No ✓ Yes	. Fill in the details.			
_		Nature of the case	Court or agency	Status of the case
LLC vs	itle: ulized Loan Servicing, s. Pete J. Kinney, et al. number: 2023CV01522	Foreclosure (Sheriff Sale Scheduled for 08/22/2023); Date filed: 03/27/2023	Montgomery County Common Pleas Court Court Name 41 N. Perry St. Number Street Dayton OH 45422	Pending On appeal Concluded
			City State ZIP Code	
Check	all that apply and fill in the details below Go to line 11.		ssessed, foreclosed, garnished, attached, s	eized, or levied?
<b>✓</b> Yes	. Fill in the information below.			

Debtor

Debtor	Pete J. Kir	nney		
DCDtOI	Circt Name	Middle Nome	Lost Nome	

Case number(if known)

	Describe the property	Date	Value of the property
Describe		08/2023	\$ <u>8,000.00</u>
RegnIfin <del>Creditor's Name</del>	Explain what happened		
4770 Duke Dr Ste 203	Property was repossessed.		
Number Street Mason OH 45040	Property was foreclosed.		
City State ZIP Code	Property was garnished.		
	Property was attached, seized, or levied.		
	Describe the property	Date	Value of the property
Specialized Loan Servicing	Foreclosure (Sheriff Sale Scheduled for 08/22/2023)	08/2023	\$ 66,630.00
Creditor's Name 6200 S. Quebec St.	Explain what happened		
Number Street	Property was repossessed.		
Englewood CO 80111	✓ Property was foreclosed.		
City State ZIP Code	<ul> <li>Property was garnished.</li> <li>Property was attached, seized, or levied.</li> </ul>		
	Property was attached, seized, or levied.		
✓ No  ☐ Yes. Fill in the details  12.Within 1 year before you filed for bankruptcy creditors, a court-appointed receiver, a custo ✓ No ☐ Yes	, was any of your property in the possession of an assig odian, or another official?	nee for the benefit o	f
Part 5: List Certain Gifts and Contributions			
13.Within 2 years before you filed for bankruptc	y, did you give any gifts with a total value of more than \$	6600 per person?	
✓ No			
Yes. Fill in the details for each gift.			
14.Within 2 years before you filed for bankruptc	y, did you give any gifts or contributions with a total val	ue of more than \$600	to any charity?
✓ No			
Yes. Fill in the details for each gift or contribut	tion.		
Part 6: List Certain Losses			
gambling?	or since you filed for bankruptcy, did you lose anything	because of theft, fir	e, other disaster, or
✓ No ☐ Yes. Fill in the details.			
Part 7: List Certain Payments or Transfers			
anyone you consulted about seeking bankru	, did you or anyone else acting on your behalf pay or tra ptcy or preparing a bankruptcy petition? rers, or credit counseling agencies for services required in y		

Case number(if known)
Case number(if known)

Debtor

Pete J. Ki	nney		
First Name	Middle Neme	Lost Name	

	Description and value of any property transferred	Date payment or transfer was	Amount of payment
Summit Financial Education Person Who Was Paid	Credit counseling course	<b>made</b> 2023	\$ <u>14.95</u> \$ <u>14.95</u>
Number Street	_		
City State ZIP Code www.summitfe.org	-		
Email or website address	_		
Person Who Made the Payment, if Not You			
	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Fesenmyer Cousino Weinzimmer Person Who Was Paid 400 S. Fifth St Number Street Suite 305	\$500.00 Attorney Fee \$313.00 Filing Fee \$37.00 Credit Report	2023	\$ <u>850.00</u> \$
Columbus OH 43215	-		
City State ZIP Code www.fcwlegal.com	_		
Email or website address			
Person Who Made the Payment, if Not You		_	
Do not include any payment or transfer that you let No Yes. Fill in the details.  18.Within 2 years before you filed for bankruptcy property transferred in the ordinary course of Include both outright transfers and transfers mad Do not include gifts and transfers that you have a No Yes. Fill in the details.  19.Within 10 years before you filed for bankruptcy you are a beneficiary? (These are often called a No Yes. Fill in the details.	y, did you sell, trade, or otherwise transfer any property to a your business or financial affairs? e as security (such as the granting of a security interest or mor already listed on this statement. ey, did you transfer any property to a self-settled trust or sisset-protection devices.)	tgage on your propert	
Part 8: List Certain Financial Accounts, Instr	uments, Safe Deposit Boxes, and Storage Units		
closed, sold, moved, or transferred? Include checking, savings, money market, or	were any financial accounts or instruments held in your nother financial accounts; certificates of deposit; shares in es, associations, and other financial institutions.		
21.Do you now have, or did you have within 1 ye securities, cash, or other valuables?  No	ar before you filed for bankruptcy, any safe deposit box or	other depository for	r
Yes. Fill in the details.			

ebtor	Pete J. Kinney First Name Middle Name Last Name	Case number(if known)
22.Have	you stored property in a storage unit or place othe	er than your home within 1 year before you filed for bankruptcy
✓ No		
☐ Yes	s. Fill in the details.	
Part 9:	Identify Property You Hold or Control for Some	one Else
	u hold or control any property that someone else d in trust for someone.	owns? Include any property you borrowed from, are storing for,
✓ No		
☐ Yes	s. Fill in the details.	
Part 10:	Give Details About Environmental Information	
For the p	ourpose of Part 10, the following definitions apply:	
hazar		tute or regulation concerning pollution, contamination, releases of the air, land, soil, surface water, groundwater, or other medium, of these substances, wastes, or material.
	neans any location, facility, or property as defined sed to own, operate, or utilize it, including disposa	under any environmental law, whether you now own, operate, or utilize al sites.
	dous material means anything an environmental la ance, hazardous material, pollutant, contaminant,	aw defines as a hazardous waste, hazardous substance, toxic or similar term.
Report a	ll notices, releases, and proceedings that you kno	w about, regardless of when they occurred.
24.Has a	ny governmental unit notified you that you may be	liable or potentially liable under or in violation of an environmental law?
✓ No		
☐ Yes	s. Fill in the details.	
25.Have	you notified any governmental unit of any release	of hazardous material?
✓ No		
☐ Yes	s. Fill in the details.	
26.Have	you been a party in any judicial or administrative p	proceeding under any environmental law? Include settlements and orders.
✓ No		
	s. Fill in the details.	

-			
			-

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
A member of a limited liability company (LLC) or limited liability partnership (LLP)
A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
✓ No. None of the above applies. Go to Part 12.
Yes. Check all that apply above and fill in the details below for each business.
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.
✓ No. None of the above applies. Go to Part 12.
Yes. Check all that apply above and fill in the details below for each business.

Debtor	Pete J. Kin	ney		Case number(if known)
DCDIO	First Name	Middle Name	Last Name	

Part 12:	Sign Below	
answers in conne	are true and correct. I understand that making a fal	rs and any attachments, and I declare under penalty of perjury that the se statement, concealing property, or obtaining money or property by fraud to \$250,000, or imprisonment for up to 20 years, or both.
	te J. Kinney	
Signatu	re of Debtor 1 S	ignature of Debtor 2
Date	<u>08/18/2023</u> D	ate
Did you	pay or agree to pay someone who is not an attorney	to help you fill out bankruptcy forms?
✓ No		
Yes. N	lame of person	Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:			
Debtor 1	Pete J. Kinney	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Southern District of Ohio	
Case number (If known)			

Check as directed in lines 17 and 21:		
According to the calculations required by this Statement:		
☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).		
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).		
☐ 3. The commitment period is 3 years.  ✓ 4. The commitment period is 5 years.		

Check if this is an amended filing

### Official Form 122C–1

## **Chapter 13 Statement of Your Current Monthly Income** and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 7,720.22 0.00 payroll deductions). 0.00 0.00 3. Alimony and maintenance payments. Do not include payments from a spouse. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you 0.00 0.00 listed on line 3. 5. Net income from operating a business, profession, or Debtor 1 Debtor 2 farm 0.00 0.00 Gross receipts (before all deductions) Ordinary and necessary operating expenses 0.00 - \$ 0.00 Copy Net monthly income from a business, profession, or farm 0.00 0.00 0.00 0.00 here 6. Net income from rental and other real property 0.00 0.00 Gross receipts (before all deductions)

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

0.00

Copy

0.00

0.00 here

0.00\_

0.00

0.00

Last Name

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7.	Interest, dividends, and royalties	\$0.00	\$0.00	
8.	Unemployment compensation	\$0.00	\$0.00	
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			
	For you\$\$\$			
	For your spouse			
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$0.00	\$0.00	
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.			
		\$0.00	\$0.00	
		\$0.00	\$0.00	
	Total amounts from separate pages, if any.	<b>+</b> \$0.00	<b>+</b> \$0.00	
11.	Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$7,720.22	<b>+</b> \$0.00	= \$_7,720.22  Total average monthly income
Pa	Determine How to Measure Your Deductions from Income			
12.	Copy your total average monthly income from line 11.			\$ 7,720.22
13.	Calculate the marital adjustment. Check one:			Ψ
	✓ You are not married. Fill in 0 below.			
	☐ You are married and your spouse is filing with you. Fill in 0 below.			
	☐ You are married and your spouse is not filing with you.			
	Fill in the amount of the income listed in line 11, Column B, that was NOT regularly you or your dependents, such as payment of the spouse's tax liability or the spouse you or your dependents.	paid for the househor's support of someo	old expenses of one other than	
	Below, specify the basis for excluding this income and the amount of income devote list additional adjustments on a separate page.	ed to each purpose.	If necessary,	
	If this adjustment does not apply, enter 0 below.			
		\$	-	
		\$	-	
		+ \$		
	Total	\$0.0	Copy here	0.00
14.	Your current monthly income. Subtract the total in line 13 from line 12.			\$_7,720.22

	First Name Middle Name Last Name	
15.	Calculate your current monthly income for the year. Follow these steps:	
	15a. Copy line 14 here →	\$ 7,720.22
	Multiply line 15a by 12 (the number of months in a year).	<b>x</b> 12
	15b. The result is your current monthly income for the year for this part of the form.	\$ 92,642.64
16.	Calculate the median family income that applies to you. Follow these steps:	
	16a. Fill in the state in which you live. OH	
	16b. Fill in the number of people in your household.	
	16c. Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.	\$76,131.00
17.	How do the lines compare?	
	17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, <i>Disposable income is not dete</i> 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do NOT fill out <i>Calculation of Your Disposable Income</i> (Official Form 122C–2).	rmined under
	17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined under 11 U.S.C. § 1325(b)(3)</i> . <b>Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C–2).</b> On line 39 of that form, copy your current monthly income from line 14 above.	
Pa	rt 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)	
18.	Copy your total average monthly income from line 11.	<sub>\$</sub> 7,720.22
	<b>Deduct the marital adjustment if it applies.</b> If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.  19a. If the marital adjustment does not apply, fill in 0 on line 19a.	<b>-</b> \$ 0.00
	19b. Subtract line 19a from line 18.	\$_7,720.22
20.	Calculate your current monthly income for the year. Follow these steps:	
	20a. Copy line 19b.	\$ 7,720.22
	Multiply by 12 (the number of months in a year).	x 12
	20b. The result is your current monthly income for the year for this part of the form.	\$_92,642.64
	20c. Copy the median family income for your state and size of household from line 16c	\$ 76,131.00
21.	How do the lines compare?	
	☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, <i>The commitment period is 3 years</i> . Go to Part 4.	
	Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4.	

Debtor 1	Pete J. Kinney	Case number (if known)

Part 4:	Sign Below	
	By signing here, under penalty of perjury I declare	that the information on this statement and in any attachments is true and correct.
	✗ /s/ Pete J. Kinney	×
	Signature of Debtor 1	Signature of Debtor 2
	Date 08/18/2023	Date

				_	
Fill in this in		dentify your case:			
Debtor 1	Pete J. Kin	ney Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)		Middle Name	Last Name		
United States	Bankruptcy Court	for the: Southern District of Ohio	)		
Case number (If known)				Check	if this is an amended filing
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Official	Form 122	2C-2			
			Vour Dienoe	abla Incomo	4/00
Chapte	el 13 C	alculation of '	Toul Dispos	able illcolle	4/22
			y of Chapter 13 Statem	ent of Your Current Monthly Incom	ne and Calculation of
	•	al Form 122C–1).	ad naonla ara filing tag	other both are equally reenensible	for boing coourate If
				ether, both are equally responsible umber to which the additional info	
•	,	, write your name and case			
Part 1: C	alculate You	ur Deductions from You	r Income		
answer th	e questions in		standards, go online u	for certain expense amounts. Use to sing the link specified in the sepands office.	
of your act	ual expenses if lines 5 and 6 of	they are higher than the star	ndards. Do not include ar	pense. In later parts of the form, you way operating expenses that you subtracted from your spouse's income subtracted from your spouse's income.	acted from
If your exp	enses differ fro	m month to month, enter the	average expense.		
Note: Line	numbers 1-4 a	re not used in this form. Thes	se numbers apply to infor	mation required by a similar form use	ed in chapter 7 cases.
Fill in t plus th	the number of p	le used in determining you eople who could be claimed by additional dependents who eople in your household.	as exemptions on your fe	ederal income tax return,	0
National S	Standards Y	ou must use the IRS Nationa	al Standards to answer th	ne questions in lines 6-7.	
		other items: Using the numb ollar amount for food, clothin		in line 5 and the IRS National	\$
				tered in line 5 and the IRS National S	

under 65 and people who are 65 or older-because older people have a higher IRS allowance for health care costs. If your

actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Last Name First Name Middle Name

People who are under 65 years of age  7a. Out-ol-pocket health care allowance per person \$79.00  7b. Number of people who are under 65  7c. Subtotal. Multiply line 7a by line 7b. \$0.00  7c. Number of people who are 65 years of age or older  7d. Out-ol-pocket health care allowance per person \$154.00  7e. Number of people who are 65 or older  7f. Subtotal. Multiply line 7d by line 7e. \$0.00  7g. Total. Add lines 7c and 7f. \$0.00  7g. Total. Add lines 7c and 7f. \$0.00  7g. Total. Add lines 7c and 7f. \$0.00  7g. Total will lines 1 his person 1 his person 1 his person 1 here \$0.00  7g. Total will lites – Insurance and operating expenses  1 Housing and utilities – Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.  1 Housing and utilities – Mortgage or rent expenses  8u. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.  1 Housing and utilities – Mortgage or rent expenses  8u. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.  8u. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.  9u. Total average monthly payment for all mortgages and other debts secured by your home.  To calculate the total average monthly payment, and all amounts that are contactually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.  Name of the creditor  Average monthly payment for all mortgages or rent people you entered by payment in the 60 months after you file for bankruptcy. Next divide by 60.  Name of the creditor payment in the fill have a (mortgage or rent people you file for bankruptcy. Next divide by 60.  Name of the creditor payment in the fill have a file of the fill have a file of the payment in the fill have a file of the fill							
To. Number of people who are under 65  7c. Subtotal. Multiply line 7a by line 7b.  80.00  7c. Subtotal. Multiply line 7a by line 7b.  80.00  7c. Number of people who are 65 years of age or older  7d. Out-of-pocket health care allowance per person \$ 154.00  7e. Number of people who are 65 or older  7f. Subtotal. Multiply line 7d by line 7e.  80.00  7g. Total. Add lines 7c and 7f.  9c. Total. Add lines 7c and 7f.  1subtotal. Multiply line 7d by line 7e.  9c. Total. Add lines 7c and 7f.  1subtotal. Multiply line 7d by line 7e.  9c. Total. Add lines 7c and 7f.  1subtotal. Multiply line 7d by line 7e.  9c. Total. Add lines 7c and 7f.  1subtotal. Multiply line 7d by line 7e.  9c. Total. Add lines 7c and 7f.  1subtotal. Multiply line 7d by line 7e.  9c. Total. Add lines 7c and 7f.  1subtotal. Multiply line 7d by line 7e.  9c. Total. Add lines 7c and 7f.  1subtotal. Multiply line 7d by line 7e.  9c. Total. Add lines 7c and 7f.  1subtotal. Multiply line 7d by line 7e.  9c. Total. Add lines 7c and 7f.  9c. Total. Add lines 7c and 7f.  1subtotal. Multiply line 7d by line 7e.  9c. Not must use the IRS Local Standards to answer the questions in lines 8-f. subtotal. Multiply payment for all multiply line 7e.  9c. Not must use the IRS Local Standards to answer the questions in lines 8-f. subtotal lines 8e. use the U.S. Trustee Program chart. To find the chart, go online using the link pecified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.  Housing and utilities – Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mergage or rent expenses:  9c. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mergage or rent expenses:  9c. Total average monthly payment for all mortgages and other debts secured by your home.  1supt 1sup		People who are under 65 years of age					
75. Number of people who are under 65  7c. Subtotal. Multiply line 7a by line 7b.  8 0.00  7c here  People who are 65 years of age or older  7d. Out-of-pocket health care allowance per person \$ 154.00  7e. Number of people who are 65 or older  7f. Subtotal. Multiply line 7d by line 7e.  8 0.00  7g. Total. Add lines 7c and 7f.  9corel  1aradards  You must use the IRS Local Standards to answer the questions in lines 8-15.  1ased on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes to two parts:  1 Housing and utilities – Insurance and operating expenses  1 Housing and utilities – Mortgage or rent expenses  10 answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link pecified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.  Housing and utilities – Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for misurance and operating expenses:  9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for misurance and operating expenses:  9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for misurance and operating expenses:  9a. Total average monthly payment for all mortgages and other debts secured by your home.  To calculate the total average monthly payment for all mortgages and other debts secured by your home.  Specialized Loan Servi \$ 563.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		7a. Out-of-pocket health care allowance per person	\$_79.00				
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7g. Total. Add lines 7c and 7f		7f. Subtotal. Multiply line 7d by line 7e.	\$ <u>0.00</u>		+ \$0.00	-	
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the dollar amount listed for your county for insurance and operating expenses.  Housing and utilities – Mortgage or rent expenses:  9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.  9b. Total average monthly payment for all mortgages and other debts secured by your home.  To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.  Name of the creditor  Average monthly payment  Specialized Loan Servi  \$ 563.00  \$ 50.00  Ph. Total average monthly payment							
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Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.00  If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects  © 0.00	o ans pecifi Hou the	swer the questions in lines 8-9, use the U.S. Trust ied in the separate instructions for this form. This using and utilities – Insurance and operating expediollar amount listed for your county for insurance and using and utilities – Mortgage or rent expenses:  9a. Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  9b. Total average monthly payment for all mortgages your home.  To calculate the total average monthly payment, contractually due to each secured creditor in the bankruptcy. Next divide by 60.  Name of the creditor	enses: Using the nu d operating expense of the first operation operation of the first operation of the first operation of the first operation o	e available at mber of peopless.  ount  ecured by	the bankruptcy of	clerk's office.	§ 0.00
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If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects  the calculation of your monthly expenses, fill in any additional amount you claim.	o ansocification of the original orig	swer the questions in lines 8-9, use the U.S. Trust ied in the separate instructions for this form. This using and utilities – Insurance and operating expediollar amount listed for your county for insurance and using and utilities – Mortgage or rent expenses:  9a. Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  9b. Total average monthly payment for all mortgages your home.  To calculate the total average monthly payment, contractually due to each secured creditor in the bankruptcy. Next divide by 60.  Name of the creditor  Specialized Loan Servi	enses: Using the nu d operating expense of the first operation operation of the first operation	e available at mber of peoples.  ount  ecured by at are u file for	the bankruptcy of e you entered in li	clerk's office.  ine 5, fill in  Repeat this amount	
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ebtor 1	i ete o. itililey			Case number (if known)			
	First Name	Middle Name	Last Name				
11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.							

0. Go to line 14.

1. Go to line 12. 2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

<sub>\$</sub> 225.00

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

2015 Chevy Volt Vehicle 1 Describe Vehicle 1:

13a. Ownership or leasing costs using IRS Local Standard

£ 629.00 13a.

13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide

Name of each creditor for Vehicle 1 Average monthly payment Regnlfin \$ 0.00 \$ 0.00 Copy Repeat this amount \$ 0.00 Total average monthly payment \$ 0.00 on line 33b. here 🕇

13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. .....

Copy net Vehicle \$ 629.00 1 expense here

<sub>\$</sub>629.00

Vehicle 2 Describe Vehicle 2: 2019 Indian Scout

13d. Ownership or leasing costs using IRS Local Standard.....

\$ 0.00

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2 Average monthly payment Performance Finance \$ 0.00 \$ 0.00 Copy Repeat this amount \$0.00Total average monthly payment \$ 0.00 here 🕇 on line 33c.

13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this number is less than \$0, enter \$0. \$0.00

Copy net Vehicle 2 expense here \$0.00

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public *Transportation* expense allowance regardless of whether you use public transportation.

\$<u>0</u>.00

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

\$0.00

ebtor 1	Pete J.	Kinney

Final

\_\_\_\_ Case number (if known)\_

First Name	Middle Name Last N	Name			
Other Necessary Expenses	In addition to the exp	pense deductions listed above, you are allowed your monthly expenses for the ories.			
employment taxes, s your pay for these ta and subtract that nu	social security taxes, and exes. However, if you exp	ctually pay for federal, state and local taxes, such as income taxes, self-d Medicare taxes. You may include the monthly amount withheld from pect to receive a tax refund, you must divide the expected refund by 12 thly amount that is withheld to pay for taxes.	\$ <u>1,796.</u> 17		
		payroll deductions that your job requires, such as retirement contributions,			
union dues, and unif		by your job, such as voluntary 401(k) contributions or payroll savings.	<sub>\$</sub> 34.67		
	·	that you pay for your own term life insurance. If two married people are filing	*		
together, include pay	ments that you make fo	or your spouse's term life insurance.  In your dependents, for a non-filing spouse's life insurance, or for any form of life			
insurance other than		in your dependents, for a non-ning spouse's life insurance, or for any form of life	\$ <u>103.33</u>		
agency, such as spo	usal or child support pay		\$ <u>457.17</u>		
		tions for spousal or child support. You will list these obligations in line 35.			
<ul><li>20. Education: The tota</li><li>■ as a condition for</li></ul>		ou pay for education that is either required:	\$ 0.00		
■ for your physically	or mentally challenged	dependent child if no public education is available for similar services.	-		
		ou pay for childcare, such as babysitting, daycare, nursery, and preschool. or secondary school education.	\$ 0.00		
required for the heal savings account. Inc	22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.				
		ings accounts should be listed only in line 25.			
you and your depend service, to the exten- is not reimbursed by Do not include paym	23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.				
24. Add all of the experience Add lines 6 through 2		e IRS expense allowances.	\$ <u>3,4</u> 45.33		
Additional Expense Deductions		itional deductions allowed by the Means Test. clude any expense allowances listed in lines 6-24.			
		d health savings account expenses. The monthly expenses for health avings accounts that are reasonably necessary for yourself, your spouse, or your			
Health insurance	•	\$ 472.33			
Disability insurar	nce	\$ <u>0.00</u>			
Health savings a	ccount	<b>+</b> \$ <u>0.00</u>			
Total		\$ 472.33 Copy total here →	\$ <u>472.33</u>		
Do you actually	spend this total amount?				
☐ No. How much d ☑ Yes	o you actually spend?	\$			
continue to pay for the household or member	e reasonable and neces or of your immediate fam	busehold or family members. The actual monthly expenses that you will ssary care and support of an elderly, chronically ill, or disabled member of your nilly who is unable to pay for such expenses. These expenses may include LE program. 26 U.S.C. § 529A(b).	\$ <u>0.00</u>		
27 Protection against t	amily violence. The rea	asonably necessary monthly expenses that you incur to maintain the safety of	0.00 ء		

you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential.

Debto	<sub>r 1</sub> Pete J.	Kinney		Case number (if known)				
	First Name	Middle Name	Last Name		,			
	Additional hon on line 8.	dditional home energy costs. Your home energy costs are included in your non-mortgage housing and utilities allowance line 8.						
	•	,	y costs that are more than the home n the excess amount of home energ	0,	luded in the non-mortgage	\$ <u>0.00</u>		
	You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.							
	9. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.  You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is					\$ <u>0.00</u>		
			entation of your actual expenses, an dy accounted for in lines 6-23.	d you must expla	in why the amount claimed is			
	* Subject to ad	justment on 4/01/22, and	l every 3 years after that for cases b	egun on or after	the date of adjustment.			
	30. <b>Additional food and clothing expense.</b> The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.  To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.  You must show that the additional amount claimed is reasonable and necessary.							
	instruments to a	religious or charitable or	The amount that you will continue to ganization. 11 U.S.C. § 548(d)3 and 6% of your gross monthly income.		form of cash or financial	+ 0.00		
	32. Add all of the additional expense deductions. Add lines 25 through 31.							
De	ductions for De	ebt Payment						
33.			rest in property that you own, inc t, fill in lines 33a through 33g.	luding home mo	ortgages,			
	To calculate the	total average monthly p	ayment, add all amounts that are co ou file for bankruptcy. Then divide b	ontractually due to by 60.	each each			
					Average monthly payment			
	Mortgages o	n your home						
	33a. Copy li	ne 9b here		→	\$_563.00			
	Loans on yo	ur first two vehicles						
	33b. Copy li	ne 13b here			\$ 0.00			
	33c. Copy li	ne 13e here			\$ <u>0.00</u>			
	33d. List oth	ner secured debts:						
	Name of eac secured deb	h creditor for other t	Identify property that secures the debt	Does payment include taxes or insurance?				
				□No □Yes	\$ <u>0.00</u>			
				□No □Yes	\$ 0.00			
					+ \$ 0.00			

33e. Total average monthly payment. Add lines 33a through 33d. .....

\$563.00

Copy total here

\$563.00

First Name

Middle Name

Last Name

Case number (if known)

34. Are any debts that you listed in line 33 secured by your	primary residence, a vehicle, or other property necessary for
your support or the support of your dependents?	

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
		\$	÷ 60 = \$
		\$	÷ 60 = \$
		\$	÷ 60 = + \$

Total \$0.00

Copy total \$0.00

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims.

\$0.00  $\div 60$ 

\$0.00

36. Projected monthly Chapter 13 plan payment

\$ 0.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

x 8.3%

Average monthly administrative expense

\$ 0.00 Copy total here →

37. Add all of the deductions for debt payment. Add lines 33g through 36.

\$<u>563.00</u>

\$0.00

#### **Total Deductions from Income**

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances.....

\$3,445.33

Copy line 32, All of the additional expense deductions.....

\$472.33

Copy line 37, All of the deductions for debt payment.....

**+** \$ 563.00

Total deductions

\$4,480.67

Copy total here

\$<u>4,480.67</u>

Part 2:

Last Name Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

	•								
39.			monthly income from lir ent Monthly Income and						\$ <u>7,720.22</u>
40.	7. Fill in any reasonably necessary income you receive for support for dependent children.  The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.								
41.	Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).							<u>:                                      </u>	
42.	Total of all de	ductions	allowed under 11 U.S.C.	§ <b>707(b)(2)(A)</b> . Co	py line 38 here	<b></b>	\$ <u>4,480.</u>	67	
43.	expenses and their expenses	you have i . You mus	ircumstances. If special on reasonable alternative, t give your case trustee a nentation for the expenses	describe the speci detailed explanatio	al circumstances	s and			
	Describe the sp	ecial circu	mstances	Amo	ount of expense				
				\$					
				\$					
				+\$		Cany hara			
				Total \$	0.00	Copy here	\$_0.00		
45.	Calculate you	r monthly	lines 40 through 43disposable income und				\$4,907.	Copy total here →	- \$ <u>4,907.50</u> \$ <u>2,812.72</u>
46.	have changed the time your c after you filed y	or are virtu ase will be our petition	xpenses. If the income in I ually certain to change afte e open, fill in the informatio in, check 22C-1 in the first in when the increase occu	er the date you filed n below. For exam column, enter line	d your bankrupton ple, if the wages 2 in the second	y petition ar s reported in column, exp	nd during icreased		
	Form	Line	Reason for change		Date of change	Increa decre	ase or ease?	Amount of change	
	22C-1 22C-2					. =	crease	\$	
	22C-1 22C-2					. =	crease	\$	
	22C-1 22C-2			<del> </del>		. =	crease	\$	
	22C-1 22C-2					. =	crease	\$	

De	ht	n	r '	1

Pete J. K	linney		
First Name	Middle Name	Last Name	

Case number (if known)\_\_\_\_\_

P	а	rt	4	:

Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

Signature of Debtor 1

 $\mathsf{Date} \, \frac{\mathsf{08/18/2023}}{\mathsf{MM} \, / \; \mathsf{DD} \; \; / \; \mathsf{YYYY}}$ 

X	

Signature of Debtor 2

Date \_\_\_\_\_

Camillia Cantrell 1625 Cornell Dr. Dayton, OH 45406

Edfinancial Services L 120 N Seven Oaks Dr Knoxville, TN 37922

GMAC Bankruptcy Center P.O. Box 130424 Saint Paul, MN 55113-0000

Goodleap 1410 Sw Morrison St Portland, OR 97205

Manley Deas Kochalski P.O. Box 165028 Columbus, OH 43216-0000

Ohio Child Support Payment Central P.O. Box 182372 Columbus, OH 43218-2372

Performance Finance 10509 Professional Cir Ste 202 Reno, NV 89521

Regional Acceptance Corp. P.O. Box 277760 Sacramento, CA 95827

Regnlfin 4770 Duke Dr Ste 203 Mason, OH 45040

Specialized Loan Servi 8742 Lucent Blvd Ste 300 Highlands Ranch, CO 80129

Specialized Loan Servicing 6200 S. Quebec St. Englewood, CO 80111

Syncb/Lowe Po Box 981400 El Paso, TX 79998

The Bureaus Inc 1717 Central St Evanston, IL 60201

U S Bank 332 Minnesota Dr Saint Paul, MN 55102

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

	\$245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law.

Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

	\$1,167	filing fee
+	\$571	administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

# Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition* for *Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: http://www.uscourts.gov/servicesforms/bankruptcy/credit-counseling-anddebtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### **LBR Form 2016-1(b)**

### UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF OHIO \_\_\_\_\_ DIVISION AT \_\_\_\_\_

In re:	Pete J. Kinney		Case No:
			Chapter 13
	Debtor(s)		Judge
			ON OF ATTORNEY FOR DEBTOR ICE OF FEES IN CHAPTER 13 CASE
I.	<u>Disclosure</u>		
1.	the above-named debtor(s) and that conthe petition in bankruptcy, or agreed	ompensa to be pa	ankr. P. 2016(b), I certify that I am the attorney for ation paid to me within one year before the filing of id to me, for services rendered or to be rendered on n connection with the bankruptcy case is as follows:
Fo	r legal services I have agreed to accept		\$ <u>4,350.00</u>
Pri	or to the filing of this statement I have	received	\$ <u>500.00</u>
Ba	lance due		\$3,850.00
2.	The source of the compensation paid t	to me wa	is:
	■ Debtor	□ Other	(specify)
3.	The source of compensation to be paid	d to me i	s:
	■ Debtor	□ Other	(specify)
4.	■ I have not agreed to share the above unless they are members and/or associ		ed compensation with any other persons ny law firm.
		ciates of	ompensation with another person or my law firm. A copy of the agreement, sharing in the compensation, is attached.

### II. Application

- 5. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$4,350, for rendering the legal services set forth below. If I seek payment of fees in excess of \$4,350, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the hourly rate at which the services were performed, and the actual time spent by the case attorney, any other attorney, paralegal or professional person for whom fees are sought. Any request for reimbursement of expenses shall include an itemization of the expenses.
  - a. Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
  - b. Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, applicable court orders, and provisions of his or her chapter 13 plan;
  - c. Preparation and filing of any document required by § 521 of the Code, including Official Form I 22C-1 and Official Form 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required;
  - d. Preparation and filing of the chapter 13 plan, and any preconfirmation amendments thereto that may be required;
  - e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
  - f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
  - g. Filing of address changes for the debtor;
  - h. Review of claims:
  - i. Review of notice of intention to pay claims;
  - j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
  - k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
  - 1. Representation of the debtor in addressing any routine tax return or tax refund inquiries by the trustee, exclusive of any motion, objection, or hearing;
  - m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
  - n. Preparation and filing of debtor's certification regarding issuance of discharge order;
  - o. Routine phone calls and questions;
  - p. File maintenance and routine case management; and
  - q. Any other duty as required by local decision or policy.
- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

tom@fcwlegal.com

08/18/2023	/s/ Thomas Fesenmyer, 0073901
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